

LEARNING THE BASICS

SERVICE MONITORING

Overview

There is to be an on-going process of monitoring and assessment of the quality, timeliness and effectiveness of services and supports a person receives within the DDD system. This service component is intended to ensure that individuals with developmental disabilities and their families get the supports they need when they need them, in order to see measurable improvements in their lives.

Frequency of Service Monitoring Visits/Contacts

Support coordinators (formally known as service coordinator) must conduct monthly face-to-face visits with **individuals receiving residential services** funded by the Division and/or processed through the DMH billing system, and quarterly face-to-face visits with **individuals participating in on-site day habilitation programs and employment services**. If an individual receives both residential and day habilitation/employment services, support coordinators do not have to visit the residential site during the quarterly day habilitation or employment service visit. Individuals participating in off-site day habilitation or employment services will have quarterly face-to-face visits with at least one annual visit at the off-site or employment location where the service is received.

Individual living in **nursing homes, private ICF/MR facilities, or residential care facilities** not funded by the Division of DD will receive quarterly face-to-face visits by their services coordinator to monitor health, welfare, safety, and satisfaction of services with documentation in a log note.

Support coordinators must conduct quarterly face-to-face visits with **individuals residing in their natural homes** who receive on-site or off-site day habilitation services, personal assistance, respite care or employment services (funded by DDD) to monitor health, environment/safety, individual rights, staff and services, money and satisfaction of services with documentation in a log note. Monitoring for off-site day habilitation is completed once annually at site of service delivery. *Note: Areas to be monitored are dependent upon the services received.*

All other **individuals receiving purchased services** (transportation, counseling, therapies, adaptive equipment, facility based out-of-home respite, etc.) will receive at least an annual face-to-face visit and quarterly phone contacts to monitor health, environment/safety, individual rights, services and staff, money and satisfaction of services with documentation in a log note.

Individuals receiving services coordination only will receive at least an annual face-to-face visit and quarterly phone contacts to assess needs for services and resources.

The above “frequency of visits” guideline is a **minimum standard**. It is expected that support coordinators will exercise **professional judgment** and increase visits according to the individual needs of individuals. Less than quarterly face-to-face visits may be requested by the individual or guardian. The support coordinator must agree to any reduction in frequency and document it in the person-centered plan. The support coordinator must include in this documentation any and all reservations he/she might have about reduced frequency in visits and state that all concerns have been communicated to the individual/guardian.

These visits for service monitoring are NOT a replacement for the personal plan reviews that must occur, although personal plan reviews could certainly occur during one of the visits for service monitoring.

Areas to Be Reviewed

During face-to-face visits with individuals and quarterly phone contacts, support coordinators will review the areas listed in the Service Monitoring Guidelines (found in Appendix A of Division Directive 3020: <http://dmh.mo.gov/docs/dd/directives/3020.pdf> include: health, environment/safety, individual rights, services and staff, and money. *Note: In some situations not all items in the Service Monitoring Guidelines will apply to natural home or quarterly monitoring.*

Documentation

- Findings of the Service Monitoring visit/phone contact and other pertinent information will occur by completing a log note for the Service Monitoring under the TCM Code 000022. Documentation of the Service Monitoring visit/phone contact may be summarized in the log note or by referring to the completed Service Monitoring Tool in the log note. The log note will be entitled “Service Monitoring”.
- Attempts to contact or complete monitoring visits would also be logged under TCM Code 000022.
- **SB40 and ACSP Process for Data Entry of Issues and Concerns:** Following each visit, the TCM provider must document issues and concerns and submit the documentation to their respective Regional Office for centralized data tracking and trending purposes.

Process for Identification, Communication, and Resolution of Issues

- If a support coordinator does not find any issues during a visit, this must be documented and copied to the provider within 5 working days. The log note should document the time and travel for the visit, staff present, and areas reviewed and any positive outcomes identified. The log note or the Service Monitoring tool should document the positive outcomes identified during the visit.
- If the support coordinator identifies an issue(s) that can be resolved during the visit or the issue is a one-time concern, the support coordinator, after resolving the issue, shall document the issue and resolution and copy to the provider within 5 working days of the

visit and to RO staff to enter resolution date in APTS. The log note or the Service Monitoring tool should document the issues identified and the resolution.

- If the issue is not resolved during the visit the support coordinator will follow-up to insure that the issue has been resolved. When the issue has been resolved, the support coordinator will notify the appropriate Regional Office staff the date of resolution and how it was resolved.
- If a support coordinator identifies or learns of incidents of abuse and/or neglect during a visit, the support coordinator shall report the incident according to Department Operating Regulation 2.210. Support coordinators who work for county boards or Affiliated Community Service Providers shall follow Department Regulation 9 CSR 10-5.200.
- If a situation is identified during a visit that the support coordinator deems critical (i.e., dangerous or harmful) and the individual or staff are at immediate risk, the support coordinator shall remain on site until adequate safeguards are in place and a support coordinator supervisor approves the support coordinator to leave the site.
- If any of the following are true, the Regional Office must ensure follow-up and resolution of identified issues:
 - Issues/concerns that are **not** quickly resolved;
 - Multiple issues occurring at one time;
 - Issues occurring over an extended period of time (more than two months);
 - Non-life threatening issue(s) that re-occur after correction or do not appear to be consistently resolved over time;
 - Significant health changes in the person they are supporting; or
 - Evidence of violation of individual's rights.
- All issues/concerns will be entered in the APTS for tracking and trending. The support coordinator will continue to monitor the issue(s) during routine visits, or more frequently if indicated in the Provider Plan.
- Within 5 working days of the visit, support coordinators shall forward the documentation to the provider's responsible QDDP and Regional Office designated staff for entry into Action Plan Tracking System (APTS).
- At least quarterly, recent issues entered into the data system will be shared among Support Coordinator Supervisors, Provider Relations, Individual Relations and Quality Enhancement staff. Regional Quality Enhancement staff will combine the issues/concerns, along with positive outcomes as outlined in the Missouri Quality Outcomes, identified through service monitoring with issues/concerns from a variety of Regional Office quality management sources, i.e., SAFE visits, Nursing Reviews, Incident Reporting, Personal Plan reviews, etc. This is the basis for the development of action plans according to *4.080 Integrating Quality Enhancement Functions*.

Service Monitoring Guidelines:

During face-to-face visits with the individual, the support coordinator shall review, according to the Service Monitoring Guidelines, the areas of Environment/Safety, Health, Services and Staff, Money and Rights each time they visit a person in a setting funded by the Division (group homes, ISLs, foster homes, on-site day habilitation, employment). The Guidelines provide a

framework to promote effective and efficient provisions of services and supports in enabling the individual to achieve his or her personal goals.

The descriptors for the 5 areas (indicators) and interpretive guidelines are not an all inclusive list, as other issues or areas of concern should be documented if they are present. Use professional judgment as to which areas apply for the service being monitored.

Immediately following in Section B of this manual is a Service Monitoring guide that includes the minimum standard for monitoring and may be used during face-to-face visits to settings funded by the Division (group homes, ISLs, foster homes, on-site day habilitation, and employment). Natural homes and quarterly monitoring may be documented using a log note. *Through a written agreement between the Regional Office and provider, additional monitoring may be added either as an on-going process or for a limited time.*

Applicable Rules/Regulations:

Division Directive 3.020 Service Monitoring Policy and Implementation Guidelines

<http://dmh.mo.gov/docs/dd/directives/3020.pdf>

Targeted Case Management Manual

<http://dmh.mo.gov/docs/dd/TCMTAManual.pdf>

Waiver Manual 13.4.A Support Coordinator Monitoring

<http://dmh.mo.gov/dd/manuals/waivermanuals.htm>

Service Monitoring Guide

<http://dmh.mo.gov/docs/dd/directives/3020appB.doc>